SUNY DOWNSTATE DISASTER RESPONSE: MISSING INFANT/MISSING CHILD

PIA DANIEL, MD MPH

CHAIR TBC

MEDICAL DIRECTOR EMERGENCY PREPAREDNESS

PEDIATRIC ABDUCTION RESPONSE DEPENDS ON ALL STAFF

*NOT JUST PEDIATRIC STAFF

In a Healthcare setting, ALL STAFF need to be involved for the fastest response

Historically, non-pediatric / non-clinical areas have not been the focus in our previous trainings

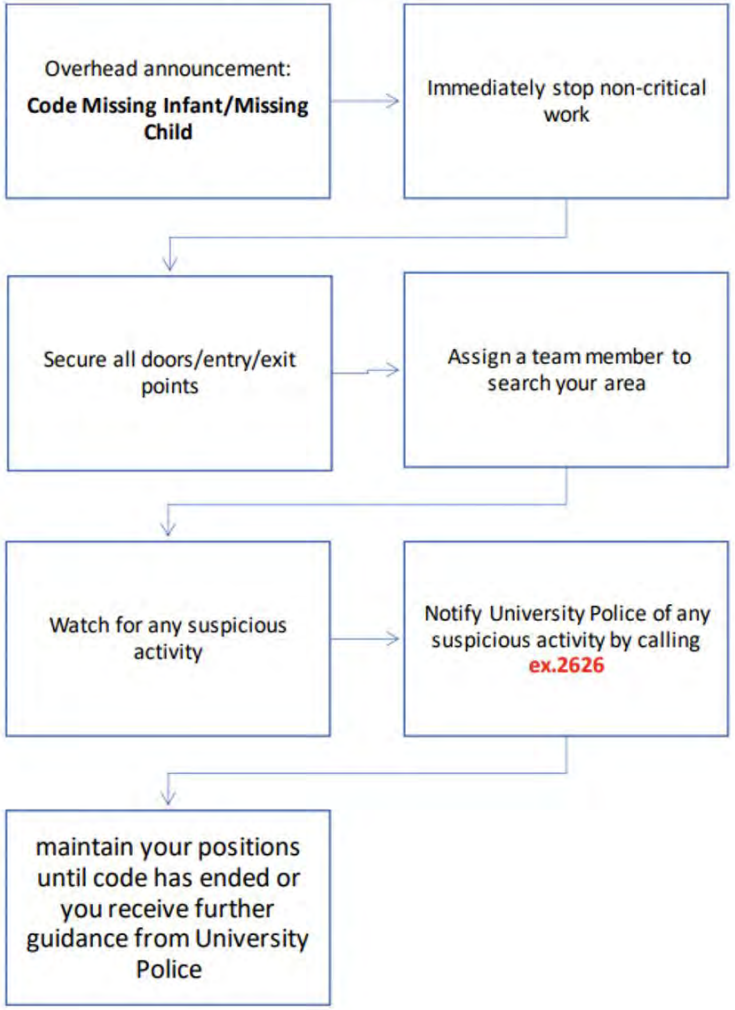
PEDIATRIC ABDUCTION RESPONSE DEPENDS ON ALL STAFF

*NOT JUST PEDIATRIC STAFF

- Following an update in the hospital's policy, we conducted an Infant Abduction full-scale drill
- Special focus on the plan updates included response training for ALL STAFF including all inpatient/outpatient units, adult units, non-clinical and administrative areas

DOWNSTATE
HEALTH SCIENCES UNIVERSITY

Prevention of Infant/Pediatric Abduction and Elopement
All Hospital Personnel Response Flow



METHOD: TARGETED TRAINING FOR NON-PEDIATRIC STAFF

Response roles of ALL hospital staff in their work areas

*focusing on area lockdown, search, monitor stairs/exits

Select areas received training of their role in an event

All Inpatient & outpatient clinical and non-clinical units, radiology/laboratory/central supply/OR/SICU/MICU, administrative suites

NON-PEDIATRIC STAFF NOTED THEY HAD NOT KNOWN THEIR ROLES DURING MISSING PEDIATRIC EVENT

Non-Pediatric Staff need training on their response roles

Non-pediatric staff noted they had NOT PREVIOUSLY understood their role

All non-pediatric areas trained prior to exercise followed correct lockdown and area searches

All non-pediatric areas NOT trained prior to the exercise did NOT do a lockdown or area search

Gaps in securing key exit points by hospital police due to not enough hospital police staff

SUMMARY: EACH UNIT NEEDS DEDICATED TRAINING ON THEIR RESPONSIBILITIES DURING A MISSING INFANT/CHILD CODE

- All hospital personnel need dedicated and personalized area training, especially non-pediatric areas
- The gap in our Security staff not able to cover ALL stairs/exits re-enforced the need for all STAFF to cover their areas' exits
- Incidentally, 1 week after the drill, a real Missing Child event occurred with an overhead Code leading to recently trained outpatient clinics to respond with a lockdown and area search

THANK YOU

QUESTIONS?

Welcome

NYCHCC ANNUAL CONFERENCE

June 11, 2024

Sponsored by:

HCP
NYS Home Care Providers
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Research & Educational Resources
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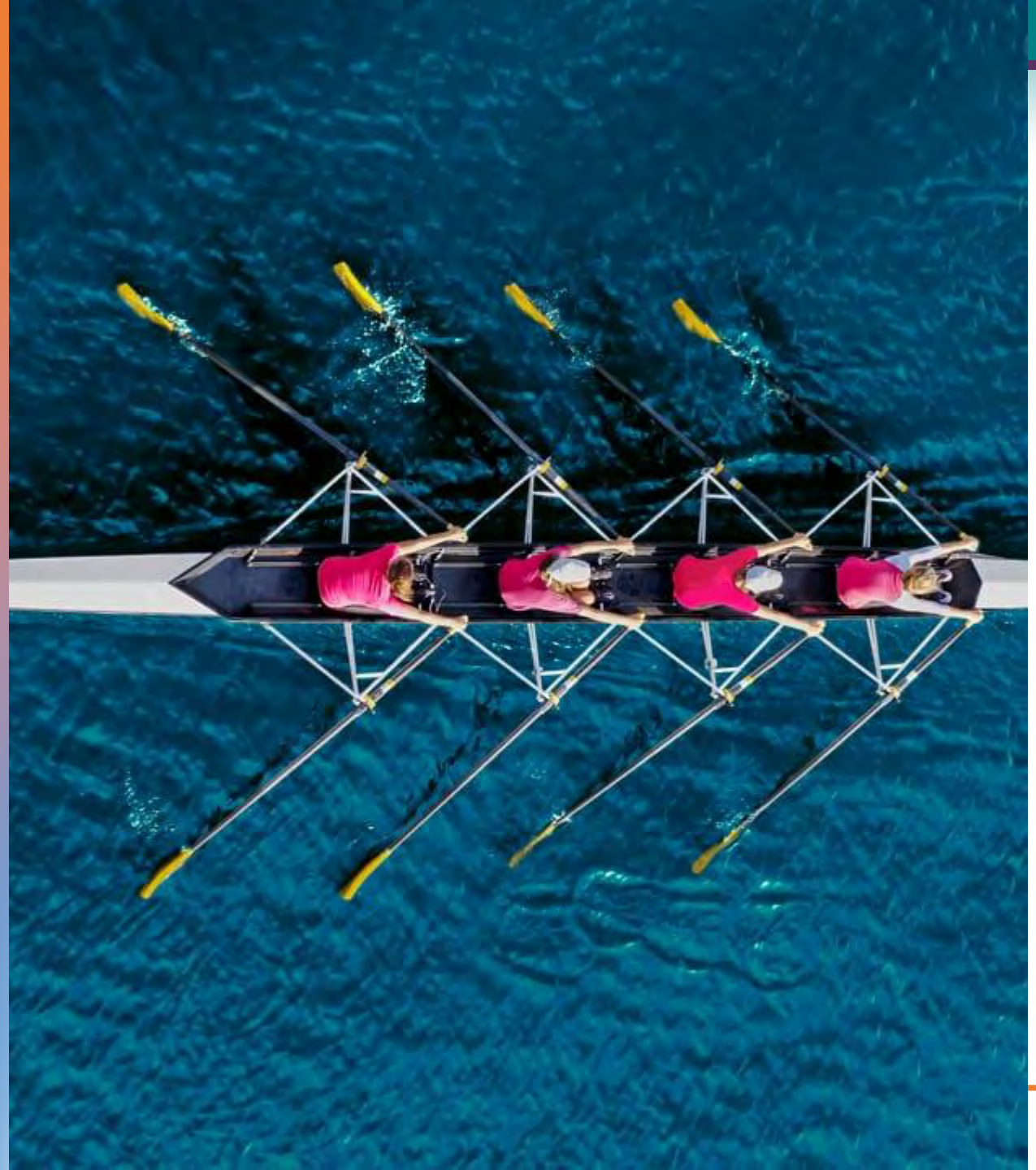

PRESENTED BY…

NYS Association of Health Care Providers, Community Health Care Services Foundation

Project Manager and Facilitator:

Carole Deyoe, RPh, HCP Senior Associate of Public Policy

Thank you for your support in this project:

HCP Team!

NYC Department of Health and Mental Hygiene, Office of Emergency Preparedness and Response

- **Matthew Ziemer,** Director of Continuing Care
- **Fidelle Munroe,** Senior Program Manager, Long Term Care Support, Bureau of Healthcare and Community Readiness

HCP | NYS Association of Health Care Providers
Representing Home & Community-Based Care

QUICK OVERVIEW

- DOHMH Collaboration
- Design-a-Deliverable Choice
- Videos for home care patients
- Video highlights Availability
- Questions?

HCP | NYS Association of Health Care Providers
Representing Home & Community-Based Care

NYC EMERGENCY MANAGEMENT GRANT INFORMATION

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Its content is solely the responsibility of the authors and does not necessarily represent the official views of HHS or ASPR

We again acknowledge the support of the New York City Department of Health and Mental Hygiene Office of Emergency Preparedness and Response.

ASPR Administration for Strategic Preparedness & Response

NYC Health

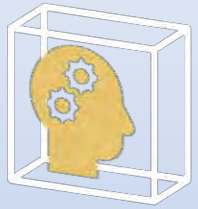
HCP NYS Home Care Providers FOUNDATION
Research & Educational Resources for Home and Community-Based Care

HCP NYS Association of Health Care Providers
Representing Home & Community-Based Care

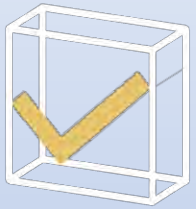
SUPPORTING THE HOME CARE INDUSTRY DURING AN EMERGENCY AND BEYOND

- Provide information, education, training, and technical assistance to providers and to state and local authorities
- Serve as a communication vehicle for home care providers and other stakeholders
- Collaborate with state regulatory agencies and local offices of emergency management after declared emergencies
- Advocate for policy development and funding related to EM and home care and hospice providers

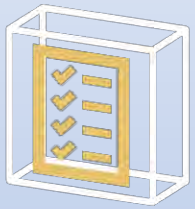
Design A Deliverable



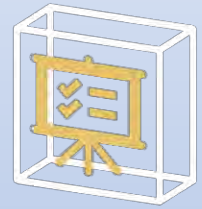
Rationale



Supporting Readiness



Goals



Objectives

BE AWARE AND PREPARE

STAYING SAFE

GETTING BACK TO LIFE

Emergency Management Video Series

VIDEO 1
Sample Slide

EMERGENCY ALERT SERVICES

- **NY ALERT:** https://alert.ny.gov/sign-ny-alert-0
  - Critical information and emergency alerts for your area in NYS
  - Uses: phone, email, text, and fax
- **Notify NYC:** https://a858-nycnotify.nyc.gov/
  - NYC emergency alerts and city services
- National Weather Service: https://www.weather.gov/wrn/wea
  - Special tone and vibration
  - English and Spanish
  - Uses your device location

VIDEO 2
Sample Slide

TYPES OF EMERGENCIES

- Weather – snow, ice, wind, hail, heavy rain, tornado
- Natural disasters – earthquake, tidal wave, landslide
- Infrastructure damage – communication disruption, water main break
- Home emergencies – fire, flood, other damage
- Manmade events – crowd issues, terrorism, crime, plane crash
- Other – wildfires, infectious disease

VIDEO 3
Sample Slide

RETURNING HOME SAFELY

- Report public property damage
- Check supplies, food
- Document personal property damage and report
- Work with trusted sources
- Be aware of ongoing risks
- Be safe in clean-up efforts
- Manage property damage
- Use generators properly
- Stay connected!

ELECTRICITY DEPENDENCE PLANNING AND THE EMPOWER TOOL

https://www.youtube.com/@hcphcp7827

Available on the HCP YouTube Channel

QUESTIONS

CONTACT

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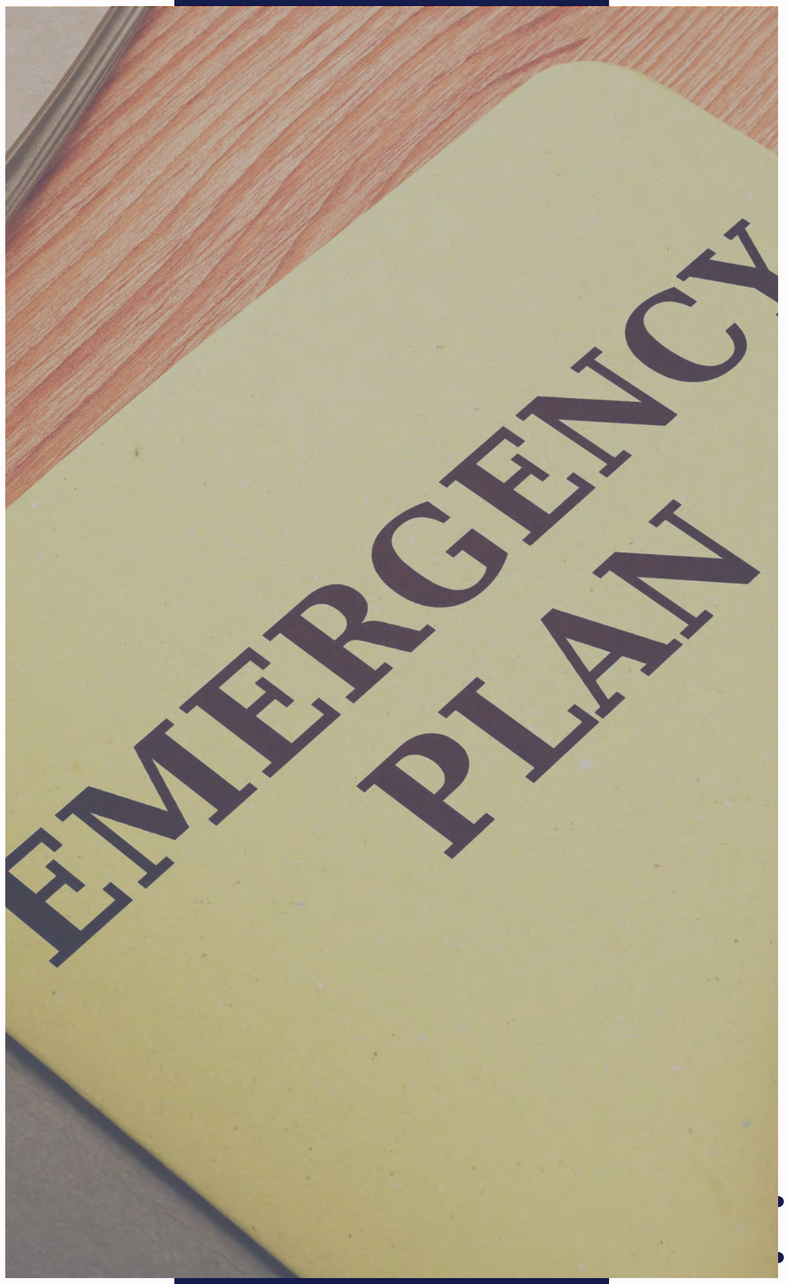
HCANYS

Home Care Association of New York State

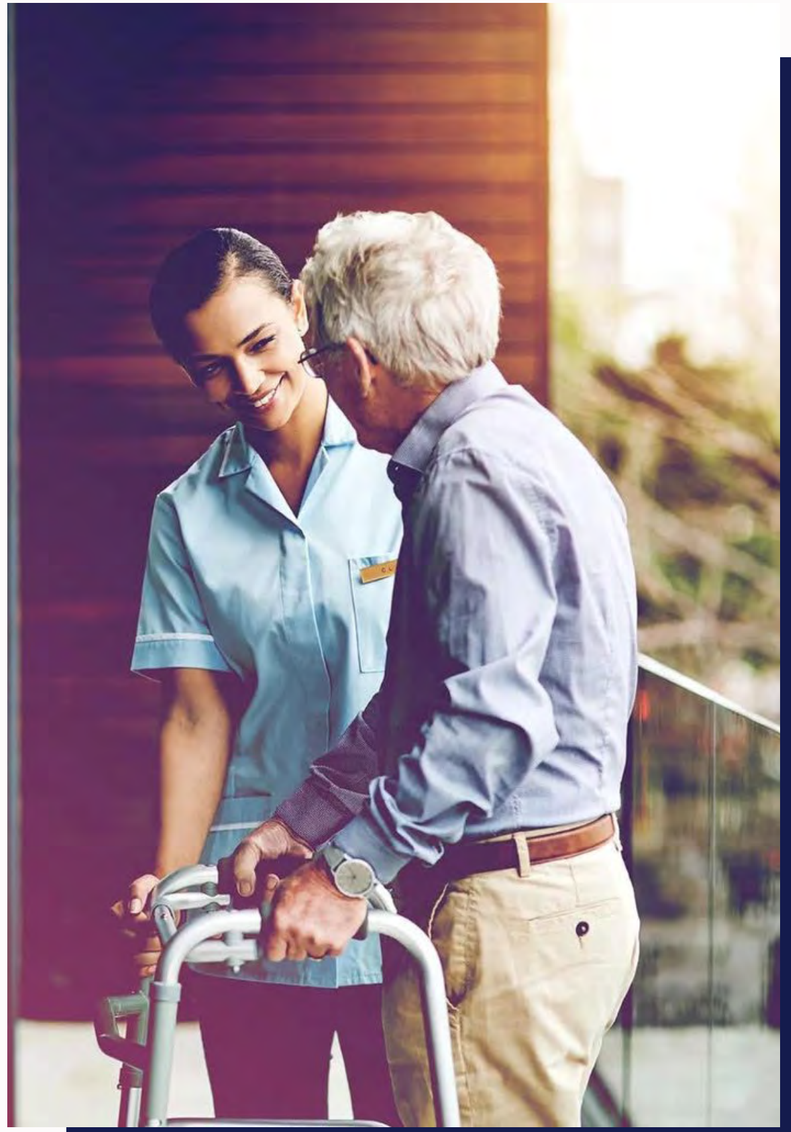
HOME CARE TABLETOP EXERCISE: BEST PRACTICES & LESSONS LEARNED

June 11, 2024



AGENDA

- Grant Background
- HCA Tabletop Exercise
- Goals & Objectives
- Best Practices
- Lessons Learned
- Participant Feedback
- Contact Information



Home Care
is healthcare.

GRANTS DISCLAIMER

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ACKNOWLEDGMENTS

Office of Emergency Preparedness and Response, NYC Department of Health and Mental Health

- Darrin Pruitt, PhD, MPH, Acting Executive Director, Healthcare Preparedness Program and Director, Evaluation, Bureau of Healthcare and Community Readiness, Office of Emergency Preparedness and Response (OEPR), NYC Department of Health and Mental Hygiene (DOHMH)

- Matthew Ziemer , MPA, Director, Continuing Care, Bureau of Healthcare and Community Readiness, Office of Emergency Preparedness and Response (OEPR), NYC Department of Health and Mental Hygiene (DOHMH)

- Fidelle Munroe , Senior Program Manager, LTC, Bureau of Healthcare and Community Readiness, Office of Emergency Preparedness and Response, NYC Department of Health and Mental Hygiene

TABLETOP EXERCISE (TTX)

- Home care and hospice providers are required to participate in a tabletop exercise every year to meet their state and/or federal requirements.
- HCA’s TTX focused on the role of New York City home care and hospice providers in response to the potential consequences of a major flooding incident, as well as interdisciplinary and interagency coordination at the regional, state, and local level.
- 2.5 hour in -person interactive exercise.
- The TTX consisted of an Introduction, Hazard Briefing Scenario Modules, Debrief and Evaluation.

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EXERCISE GOALS

The goal of the tabletop exercise was to examine the capabilities of home care and hospice partners to coordinate among public health, health care, emergency management, and other governmental and nongovernmental organizations to rapidly identify and mitigate the consequences of a major flood, while sustaining healthcare for affected clients and patients.

TTX OBJECTIVES

0 1

Identify specific agency Points of Contact and three processes to maintain situational awareness by gathering and sharing real-time information related to the emergency and the current state of the homecare and hospice delivery system within the first 12 hours of the event.

0 2

If agency or patient care areas are within flood areas, discuss the need for/priorities for either sheltering in place (SIP) or evacuation, ensuring key organizational functions are maintained throughout the emergency.

0 3

Describe three priorities to ensure patient safety and continuity of care when either current home circumstances are no longer safe, or the agency is unable to contact high acuity patients and/or field staff.

PROJECT TIMELINE

OCTOBER 2023

Develop TTX goals and objectives.

NOVEMBER - DECEMBER 2023

Develop scenario and distribute to stakeholders for review.

JANUARY 2024

Initial Planning Meeting.

FEBRUARY 2024

Mid Planning Meeting.

MARCH 2024

Final Planning Meeting.

APRIL 2024

Finalize TTX materials.

MAY 2024

Conduct TTX, hotwash, and provide assistance to agencies in writing AAR/IP, upon request.

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LESSONS LEARNED

01

Provide state and/or federal emergency preparedness and management funding for NYC home care and hospice providers.

02

Provide emergency preparedness scenario based staff training for professional and paraprofessional staff.

03

Identify community resources and collaborative partners.

04

Explore alternative modes of communication and technology devices for staff and patient during an emergency with no access to power and internet.

PARTICIPANT FEEDBACK - TTX DESIGN

of participants felt that the TTX increased their understanding about their current continuity plans, procedures, capabilities and resources.

of participants felt that after the TTX, they are better prepared to deal with the challenges associated with a flooding event.

of participants felt that the TTX provided the opportunity to address significant decisions in support of critical mission areas.

of participants thought the TTX was well structured and organized.

PARTICIPANT FEEDBACK – TTX DESIGN

of participants felt that the TTX scenario was plausible and realistic.

of participants stated that the TTX allowed their agency to practice and improve priority capabilities.

of participants thought the TTX included the right people in terms of level and mix of disciplines.

of participants stated that after the TTX, they believe their agency is better prepared to deal successfully with the scenarios exercised.

PARTICIPANT FEEDBACK - STRENGTHS OF EXERCISE

- Tempo and ideas shared
- Benefit of large health system access to resources and wide range of staff
- Participants engaged and provided great feedback and resources to improve our EP plans.
- Facilitator was knowledgeable and passionate on the subject matter
- Excellent brainstorming and exchanging ideas with other agencies
- Highlighted opportunities for improvement
- Great case study
- Enlightening to hear other agency plans
- Excellent communication and presentation
- Topic was relatable and very informative
- Peer -to -peer communication
- Ideas, practice, and thought -sharing across agencies, facilitating opportunities to bring back to our agency and positively impact our planning
- Discussion about business continuity and communications plans
- We are well -prepared and aligned
- Ability to take key points from other players that might otherwise have been overlooked
- Having alternative facility resources
- Visuals and materials
- Various ideas to expand knowledge and come up with alternative plans

PARTICIPANT FEEDBACK - CHALLENGES OF EXERCISE

- Need for better venues to communicate with patients and families especially during blackouts/lack of cell phone service
- Identify mechanism(s) for centralization of patient tracking
- Define policies on staff safety and caring for patients in unsafe situations
- More staff training
- More participants in exercise
- More exercises like today’s
- Engage more external partners
- Liability issues for patients who will not evacuate
- Recovery protocols for sustained disaster
- Identifying community resources, and how to access
- Develop more detailed protocols to aid staff understanding
- Evacuation and repatriation training and exercises
- Necessity of increased funding

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THANK YOU!

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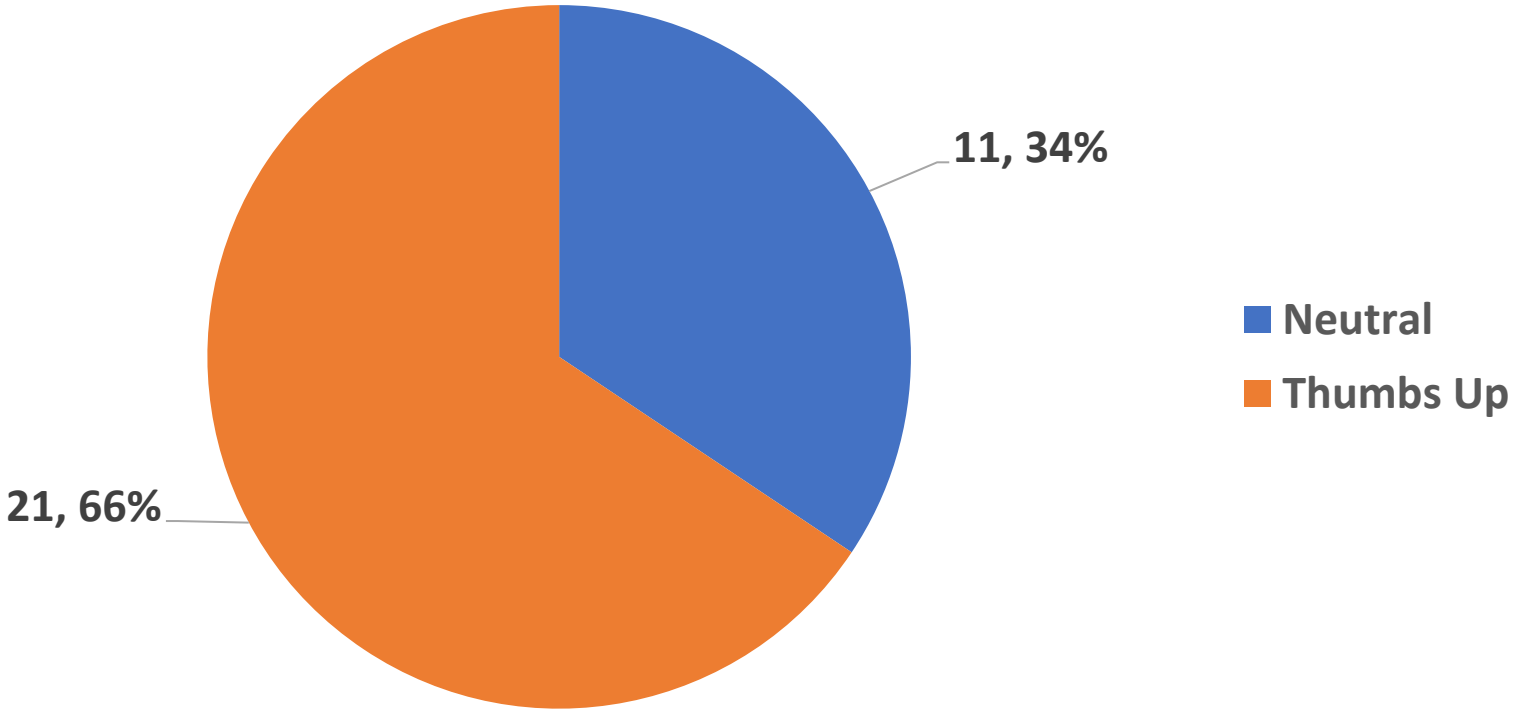
NYC Health Care Coalition Annual Conference

HPP 2024-2029 Strategy Presentation and Workshop

Attendee Polling Results

June 11, 2024

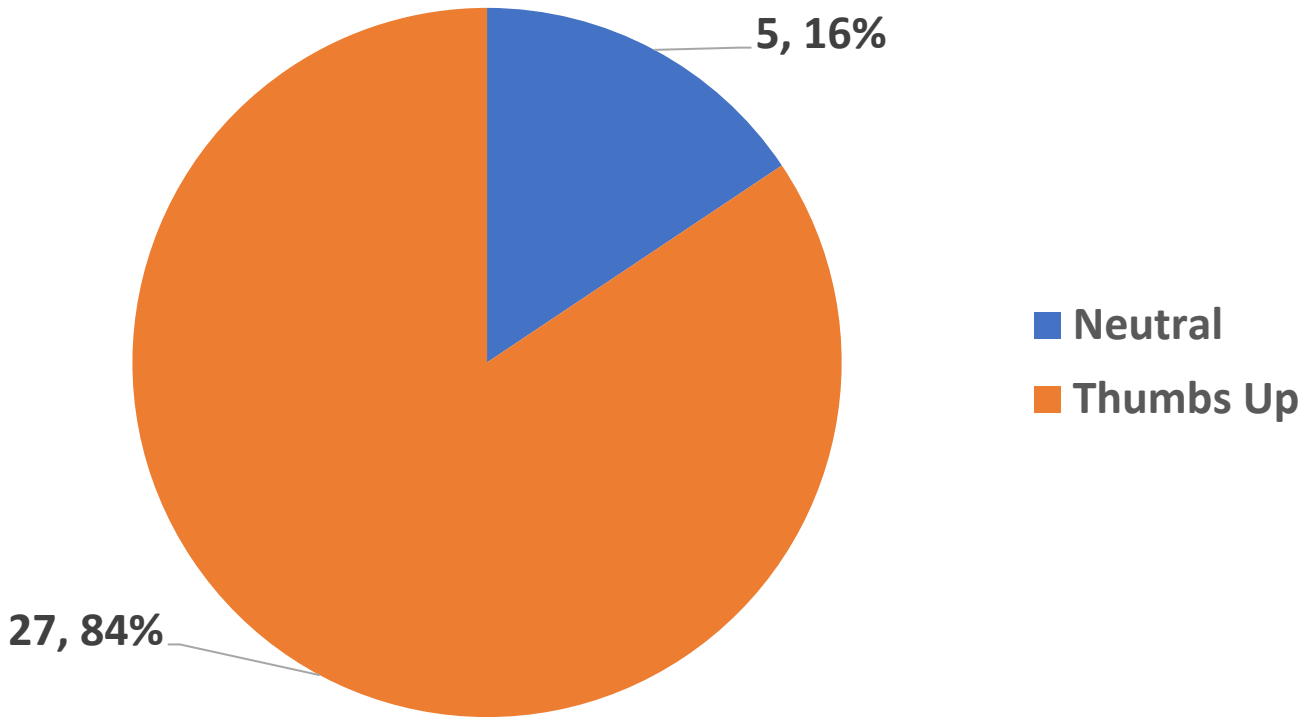
Q1: What is your reaction to having fewer assumptions in the SOW?



Q2: What else would you like to see or have us remove?

Attendee Responses (n=11)
A blanket statement of meet the "NIMS" requires a deeper dive to ensure that we know what that means.
Collaboration would be ideal.
communication channels
Everything else seems ok
Good as presented
I'd love to see a periodic dashboard updating on completion status of deliverables...simple red, orange, green indicators so we can keep an eye on the pulse.
More unified design your own. Support for citywide response resources.
No fit testing or requiring specific number of participants for activities/deliverables
no removals
nothing
Open choice DYOD

Q3: What is your reaction to the simpler set of SOW deliverables?



Q4: What concerns you?

Attendee Responses (n=14)
Borough Coalitions should have their own forum to meet at least bi-annually so coalition members can get together and brainstorm on ways to better engage with each other during emergencies.
Communication disparities.
Contract timeliness.
Contracts that arrive at the appropriate time.
Coordination across contracts without awareness that there are dependencies
Engagement/sharing of workload across coalition members.
Every entity continuing to run their own race
need for staff beside administrators to participate in programming
Not having to interpret Lawyer language
Nothing
nothing right now
Simplified is always welcomed..
The inordinate amount of time to get an executed contract.
The tardiness of the contract.

June 11 2024 EM Conf breakout groups input, DOHMH, NYC Health Care Coalition

Contents

Questions about this document

can be forwarded to Darrin Pruitt at dpruitt@health.nyc.gov.

General feedback

- Overall, sectors are still very siloed. Audience members would like to see more coordination to get more familiar with each other and understand each other's needs to help solve issues.
- During Omicron, with more collaboration between hospital and long-term care, there would have been better outcomes.
- Emergency Managers in nursing homes usually wear multiple hats. Designated emergency managers would help with coordination.
- Surge will always happen but let's dig deeper. Choose something from AAR and continue to strengthen that.
- Build off each other, stick with one plan/topic for 2+ years. Then exercise it 2 years in a row to get it right.
- Restoring the equipment deliverable could be very helpful for many facilities.
- Potential purchases could be a decon or evacuation vehicle that could go to facilities without these capabilities.
- Surge exercises need to be designed to be more applicable to all facilities playing (non 911 hospitals, long-term care, continuing care).

Summary for each question

- **What other points would you like us to now include or what stood out to you from Bill's (my) presentation that you would like to elaborate on or explore?**
    - More funding for ambulatory and direct funding for long-term care.
    - Reduce deliverables and allow work to continue year to year so coalition members can bring projects to completion. This will help sustain long-term initiatives. Refine plans annually.
    - A repository to share lessons learned and plans and tools developed.
    - Need a way to match skills/licensure of emergency staff to the needs at the time of onboarding.
- **How do you see the NYC Health Care Coalition? What is it to you?**

- It may be time to review the underlying purpose of the coalition with all that has happened since it was established.
- Coalition needs a focus, a stronger mission/vision, then build on this with strategic planning.
- Coalition members need time to meet and talk together in person.
- Roles and responsibilities are sometimes lost in the in the various activities of the HCC.
- Communications in boroughs are greatly improved due to borough coalitions.
- Governance board is not well used and hard to understand during an event. The roles and available resources of NYC EM, ESF 8 and GNYHA are more clearly understood.
- Using home care's model of having worked with transportation providers to develop an MOU for evacuation, coalition members can work on issues like PPE, supplies and funding opportunities.
- Work with MTA and Port Authority and similar agencies on planning and exercises.
- Borough coalitions need to be working more similarly in order to approach strategic projects like working with the private sector.

- **How can we prevent all the prior work done with patients in community health (How can we prevent all this prior work from being lost when patients get to acute care?) from being lost when patients get to acute care?**
  - **HPP should support bidirectional communication between hospitals and other levels of care**. Hospitals need more support to strengthen EMRs between levels of care so information is not lost. This includes billing info.
  - This is not just an EM problem.
  - Suggesting: Community Health Center/Acute Care combined involvement or partnership.
- **How can we leverage the HPP to level out the emphasis placed on acute care so that long-term and ambulatory care are better represented?**
  - No input on this item.
- **If you wanted to focus on <u>one thing the whole NYC Healthcare system needs</u>, what would it be? How do you see each of the healthcare sectors supporting this with their deliverables?**
  - See general feedback
  - **a. Acute/hospitals** (No direct input on this item.)
  - **b. Long-term care (nursing homes, skilled nursing, homecare and hospice?)** (No direct input on this item.)
  - **c. Ambulatory care (dialysis, community health centers and urgent care?)** (No direct input on this item.)
  - **d. What about activities that are not deliverables such as serving on an exercise development committee?**
    - i. Audience members are open to being on an exercise development committee.
    - **ii.** ASPR program should be based on how things are done in NYC, not remote, sparsely populated localities.
  - e. **Or being the lead sector for a coalition-wide exercise?**

All input (not summarized)

- **What other points would you like us to now include or what stood out to you from Bill's (my) presentation that you would like to elaborate on or explore?**

- Home Care frequently looked at as bottom of the list during COVID response." Examples given were supplies and vaccines
- Direct funding for LTC and ambulatory care
- Dedicated EM funding for LTC and ambulatory care. Not enough resources from DOHMH to LTC. Recognize federal funding constraints via HPP, never been a dime dedicated to LTC and ambulatory care, but we hear more and more about integrating these sectors into citywide planning. Not sure what that looks like.
- Reduce deliverables to finish a project through its lifecycle and match to sector priorities and need
- From TBC's radiological hazard assessment deliverable last year, it was very helpful to go through that activity but it ended there. We need funding to finalize the work to fix the identified issues and obtain necessary equipment.
- Emphasize that previous point. We need to cut back on deliverables and address findings we identified when we complete deliverables. Look at deliverables from a bigger picture to complete a project through the lifecycle.
- And share LLs thru deliverables done across HCC, e.g., a repository
- There are some great deliverables that have been done. But we have lost visibility on some of these projects / lessons learned. Example of TBC radiation deliverable lessons learned would be helpful for all HCC. Need a repository we can all reference so we can work more similarly – sing from same sheet of paper.
- Maintain plans regularly and refine them / sustain long term initiatives
- I have worked on many EM plans over the past 20 years. There are so many of these plans that we have worked on that don't materialize during an actual event, or are forgotten due to attrition of staff. Need to focus on bringing plans along with us and refining them on an annual basis.
- Emergency staffing – matching skills/licensure to need
- Communications is important, but staffing for LTC is a great need. We have so many new people coming on that need to be trained. If we had to set up surge staffing again, we saw MRC staff who weren't in categories that LTC needed, do we ever know at a particular time what their scope/role is? And how can we better stand up emergency staffing and ensuring staff skills and roles are matched/aligned.

- **How do you see the NYC Health Care Coalition? What is it to you?**
  - **If we engaged in a branding campaign, how you would like it represented?**
    Not sure if it's a 'branding' problem so much as it is a lack of focus on the mission/vision of the parts of the coalition. Example given was that a logo seems more like "lipstick" to dress something up, but not substantive or actionable.
  - A focus on the purpose of the coalition can help to set the stage for more clear strategic planning on what the coalition can achieve.
  - Providing time for coalition members to meet and talk together would be helpful (specifically in person occasionally)
  - There is confusion about the coalition. It might be time to re-set some of the underlying purpose for the various entities since there have been some changes since the coalitions were set up – some of which may not be appropriate anymore.
  - Lots of different activities and initiatives in HCC, sometimes people get lost in what their roles and responsibilities are. Unclear what role is for HCC during activations/response.

- Huge difference before and after borough coalitions. Improved communications between members, which is good. Has helped members prepare and quickly respond if needed.
- Re: NYCHCC Governance Board, I don't have much involvement with or utilized this. In terms of obtaining resources and communicating during a disaster – it is very easy to know who to talk to via NYCEM ESF8 or via GNYHA.
- **The private sector is said to represent about 85% of a community's infrastructure. How could we leverage this to include private sector partners?**
- Home Care worked with transportation providers to work with providers to identify vital concerns around evacuation. A draft MOU was created to help home care providers to use as a starting point for doing emergency transportation providers.
- The above idea could also be used to identify partnerships in a number of areas (ex: PPE, supplies, funding opportunities etc)
- Working with utility providers (power, water, etc) as well as Port Authority and MTA would be helpful as well, particularly in exercises. Bringing them in for specific projects might be appropriate. Also snow removal.
- We need to be strategic about involving private sector. With the coalitions, when we are all grouped together things work well, but between boroughs there are differences and lack of consistency in how we prepare. We are kind of siloed.

- **How can we prevent all the prior work done with patients in community health (How can we prevent all this prior work from being lost when patients get to acute care?) from being lost when patients get to acute care?**

  - See it more of a back and forth type of thing in long term care. Its not one directional in long term care
  - **Every hospital wants bidirectional communication**. Doesn't want things lost and the more information about the patient to help them the better. The systems still don't communicate (this is the Achilles heel). With the way technology is going these days, who would put things together? Speaking specifically about EMR systems
  - Sharing of patient and billing info- how to sync up easily. Echoing above
  - Consensus in the breakout room seems to be that this sounds more like a healthcare system (in general) problem, as opposed to a specific emergency management problem. This brings up the question – where is the line drawn between solving the ills of society vs doing emergency preparedness work.
  - Suggested: Community Health Center/Acute Care combined involvement/partnership.

- **How can we leverage the HPP to level out the emphasis placed on acute care so that long-term and ambulatory care are better represented?**

- **If you wanted to focus on <u>one thing the whole NYC Healthcare system needs</u>, what would it be? How do you see each of the healthcare sectors supporting this with their deliverables?**
  - **f. Acute/hospitals**
  - **g. Long-term care (nursing homes, skilled nursing, homecare and hospice?)**
  - **h. Ambulatory care (dialysis, community health centers and urgent care?)**
  - **i. What about activities that are not deliverables such as serving on an exercise development committee?**

i. Open to exercise development committee (Bill)
ii. Have a committee letting ASPR know -This is the way things should be done
iii. They should be making decisions based on NYC and not middle of no where

j. **Or being the lead sector for a coalition-wide exercise?**
   i. Would just like to finish a project from start to end. If we are working on the burn plan lets focus fully on the burn plan. Do things that are more impactful instead of a bunch of small projects. Projects will go into dormancy for a while and nothing ever gets finished
   ii. Would think that ASPR would be interested in finishing a project
   iii. Challenge with chemical surge- create our own logical weighted scenario. Understand that surge will always happen but why don't we dig deeper?
      1. Why not choose something from AAR and continue to strengthen that
      2. Instead on going for big things why not focus on smaller things that come out from each exercises
      3. Build off each other, stick with one for 2+ years
      4. Pick a plan stick with it and exercise it 2 years in a row
   iv. Really would like to do something that isn't just another surge exercise- needs to be relevant. For some specialty hospitals these surge ex is just a pass through
   v. Found the equipment deliverable very helpful. This flexible, direct funding to pay for resources that coalition members need. Allows them to focus on using it to pay for what they really need.
   vi. We know certain facilities or sectors need specific assistance. E.g., LTC evacuation or facility decontamination. Additionally, everyone in HCC would benefit from those capabilities.
   vii. GNYHA do a collective HVA for acute care sector? Then we can allocate HPP funds to address it over 5 years.
   viii. Purchase of decon vehicle that can go hospital to hospital.
   ix. Evac equipment vehicle that can bring evac equipment to facilitates that don't have it.

- **Overall – still very siloed. Would like to see more coordination** to get more familiar with each other and understand each others needs to help solve issues
- During omicron people needed to be sent to long-term care facilities- if more collaboration between hospital and LTC there would have been better outcomes
- LTC facilities don't have connections with hospitals in area and would like to be more interconnected
- Do nursing homes have Emergency Managers?
  - They usually wear multiple hats
  - This may help with coordination